Engaging with
The Global Fund
To Fight AIDS, Tuberculosis and Malaria

A Primer for Faith-based Organizations

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Second Edition

FRIENDS
OF THE GLOBAL FIGHT
AGAINST AIDS, TUBERCULOSIS AND MALARIA

CENTER FOR
INTERFAITH ACTION
on global poverty

Acknowledgements

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Foreword

Over the past decade, the world has come together to dedicate significant resources to the fight against diseases around the globe. Through the work of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the President's Emergency Plan for AIDS Relief, and other initiatives, we've made important progress against these diseases. Nevertheless, AIDS, tuberculosis and malaria still kill more than four million people each year; continued dedication from all sectors of society is needed to prevent millions of needless deaths.

A critical component of the world's response to these diseases is the work of faith-based organizations (FBOs). Historically, FBOs have been at the forefront of the fight against disease in the developing world. They provide life-changing prevention, treatment and support to those who need it the most. This is particularly relevant in rural and isolated areas around the world, where the work of FBOs directly impacts the lives of millions of children and families.

This manual is an important tool for increasing knowledge about the Global Fund's work within the FBO and greater civil society communities. I hope that it will help to engage a greater number of FBOs in the Global Fund's grant-making process. Recognizing the unique advantages of FBOs, the Global Fund encourages their increased participation in all aspects of the Global Fund model – as principal recipients, sub-recipients and members of country coordinating mechanisms.

Since 2000, the fight against the diseases of poverty has turned from resignation to one driven by results. Great success has been achieved already, but we need to further scale up programs to reach the millions who are still without services. FBOs have a key role to play in this endeavor. Together, we can save the lives of the millions of people around the world affected by AIDS, tuberculosis and malaria.

Professor Michel Kazatchkine
Executive Director
The Global Fund to Fight AIDS, Tuberculosis and Malaria

Executive Summary

The Global Fund model is designed to bring together the entire spectrum of stakeholders from the public health and development fields – donors, host governments, the private sector and various groups within civil society. Since faith-based organizations (FBOs) play a critical role in providing health care in developing countries, they are expected to be actively engaged at all levels of the Global Fund, from Board membership to grant implementation. While many FBOs collaborate with the Global Fund through a variety of channels, some have experienced challenges in engaging in the process and securing Global Fund financing.

FBOs have historically played a central role in the provision of health care in the developing world. Many hospitals and clinics that form the backbone of countries' health infrastructure today trace their roots to missionaries and churches. This is particularly true in Africa, where it is estimated that FBOs currently provide 40% of all health services, especially in remote rural areas. Around the world, faith institutions are recognized by their communities for their effective and ready-made health care infrastructure.

Despite this comparative advantage, FBOs are not the integral part of Global Fund structures and grant implementation that they could be. Currently, 5% of all Global Fund financing is channeled to FBOs as Principal Recipients (PRs).It is important to note, however, that this percentage is deceptively low; many FBOs are serving as members of the Country Coordinating Mechanism (CCM) or as Sub-recipients (SRs) for Global Fund grants around the world. To date, approximately 480 FBOs have served as SRs of Global Fund grants.

The goal of this manual is to begin to bridge the gap that exists between FBOs and the Global Fund at both the country and international level. In our discussions with members of the faith community, the following overarching themes were repeated:
- o   FBOs do not know enough about the Global Fund;
- o   FBOs have a hard time engaging with Global Fund structures at multiple levels; and
- o   accessing Global Fund financing is a confusing and difficult process.

This manual is designed to address these concerns, serving as one of several tools that FBOs can use to better engage with the Global Fund. The Global Fund model, however, calls for all constituents – not just faith-based groups – to take an active role in the process. It is our hope that this manual will provide organizations with the information they need to do just that.

This manual was designed to serve as a preliminary guide for FBOs – and other community–based organizations (CBOs) – to learn about the Global Fund's history, structure and policies. It also hopes to increase both the level of understanding and participation among FBOs in the Global Fund grant process. The manual is comprised of three chapters:
- o   **Chapter One** – Provides a general overview of the Global Fund, including its history, founding principles and operating structures.
- o   **Chapter Two** – Suggests different ways to engage with the Global Fund, including engaging with members of the Global Fund Board, or serving as a member of the Country Coordinating Mechanism or as a Principal Recipient or Sub-recipient.
- o   **Chapter Three** – Focuses on the program design and proposal process, offering key recommendations to support a successful proposal. This chapter further highlights the importance of carefully assessing whether to apply, organizational capacity, and the pros and cons of pre- versus post-proposal submission.

We hope this manual will provide you with the necessary guidance and tools needed to successfully engage with and work alongside the Global Fund and its partners in the fight against HIV/AIDS, tuberculosis and malaria.

Abbreviations

A-B-C	Abstinence, Be Faithful, Use Condoms
ACT	Artemisinin-Based Combination Therapy
AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
CBO	Community-based Organization
CCM	Country Coordinating Mechanism
CHAZ	Churches Health Association of Zambia
CRS	Catholic Relief Services
DDT	Dichlorodiphenyltrichloroethane
DFID	The UK Department for International Development
DOTS	Directly Observed Therapy – Short Course
FBO	Faith-based Organization
HIV	Human Immunodeficiency Virus
ITN	Insecticide Treated Net
LLITN	Long-lasting Insecticide-treated Net
LFA	Local Fund Agent
MoH	Ministry of Health
NACP	National AIDS Control Program
NGO	Non-governmental Organization
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PMI	President's Malaria Initiative
PMTCT	Prevention of Mother-to-Child Transmission
PR	Principal Recipient
RBM	Roll Back Malaria Partnership
RFP	Request for Proposals
STI	Sexually-transmitted Infection
SR	Sub-recipient
The Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
TRP	Technical Review Panel
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

Chapter 1:
Overview of the Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund to Fight AIDS, Tuberculosis and Malaria was created to dramatically increase resources to fight three of the world's most devastating diseases and to direct those resources to areas of greatest need. As a partnership between government, civil society, the private sector and affected communities, the Global Fund represents an innovative approach to international health financing. The Global Fund's work in all its structures is guided by seven general principles:

o   Operate as a financial instrument, not an implementing entity;
o   Make available and leverage additional financial resources;
o   Support programs that reflect national ownership;
o   Operate in a balanced manner in terms of different regions, diseases and interventions;
o   Pursue an integrated and balanced approach to prevention and treatment;
o   Evaluate proposals through independent review processes;
o   Establish a simplified, rapid and innovative grant-making process; and
o   Operate with transparency and accountability.

Since its creation in 2002, the Global Fund has become the largest source of financing for programs to fight AIDS, tuberculosis and malaria. It provides nearly a quarter of all international financing for AIDS and more than half for tuberculosis and malaria. To date, the Global Fund has committed more than $15 billion to programs in 140 countries and, as a result, has saved more than 3.5 million lives.

Despite this success, many organizations are still unfamiliar with the Global Fund, including its overall structure and processes. One such group is faith-based organizations (FBOs), who are considered critical partners in the field of global health. While a number of FBOs have successfully partnered with the Global Fund – serving as Principal Recipients, Sub-recipients or actively engaged in their local Country Coordinating Mechanism – others remain unfamiliar with the Global Fund's operations. This manual aims to dispel any confusion and provide clear guidance on the steps to take to successfully engage with the Global Fund.

The Global Fund Structure
The Global Fund's daily operations are overseen by the Secretariat staff in Geneva. In addition, the success of the Global Fund model relies on a number of other entities based in both donor and recipient countries (*see Figure 1*).

Figure 1: The Global Fund Grant Cycle
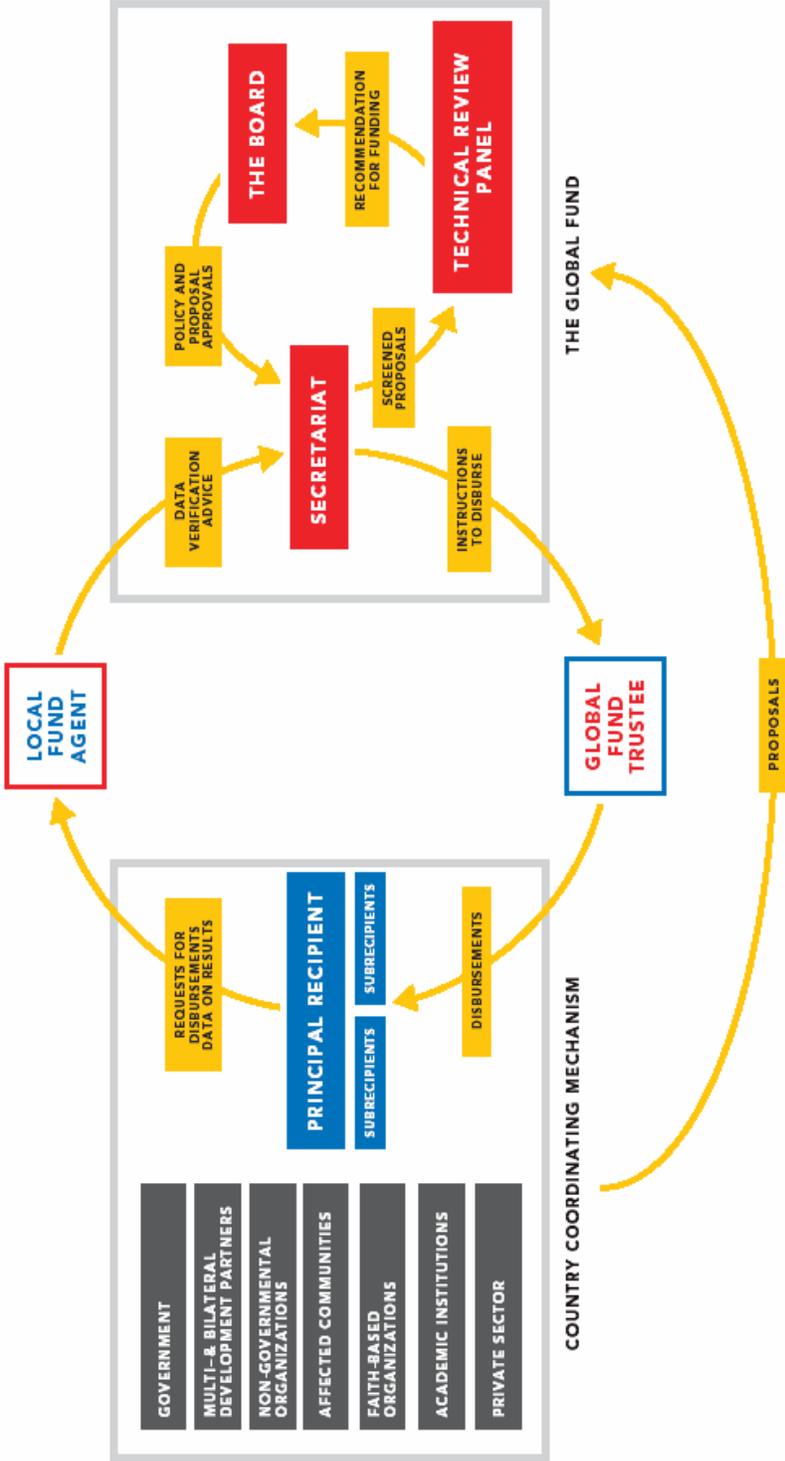
<u>The Global Fund in Geneva</u>
The Global Fund is registered as an independent Swiss foundation, although it maintains close relationships with the World Health Organization (WHO), UNAIDS, the World Bank and other multilateral institutions. It is comprised of four key entities: the Board, the Secretariat, the Technical Review Panel (TRP) and the Partnership Forum. Each entity is responsible for a different aspect of Global Fund operations and oversight.

The Global Fund Board
The Global Fund Board is responsible for overseeing Secretariat operations and making policy decisions. The Board is currently composed of 24 members who represent different constituencies, including representatives from donor and recipient countries, non-governmental organizations, the private sector and communities living with the diseases. The 20 voting members of the Board are split evenly between donor and recipient country voting groups, and the Chair and Vice-Chair seats are alternatively held by representatives from donor and recipient blocks. The four non-voting members are ex-officio members of the Board and represent UNAIDS, the World Bank, WHO and the government of Switzerland. Decisions are typically made by consensus. When a vote is called for, the system requires a two-thirds majority in each voting group. The Board meets twice a year.

The Secretariat
The Secretariat is responsible for the daily operations of the Global Fund, particularly grant management. The Secretariat is led by Executive Director Dr. Michel Kazatchkine, who assumed office in April 2007. The Secretariat is divided into several clusters: Corporate Services, Country Programs, Finance, External Relations and Partnerships, Strategy, and Performance and Evaluation (*see Appendix A*). Lean and efficient, the Secretariat has an overhead of approximately 5% of annual expenditures.

The Technical Review Panel (TRP)
The TRP is an independent panel that consists of a maximum of 35 health and development experts that review the proposals which countries submit to the Global Fund. The TRP convenes each time the Global Fund calls a new funding round (generally once a year) and makes recommendations to the Global Fund Board about whether to finance proposals. Historically, the TRP has recommended for Board approval a little more than 40% of eligible proposals. To date, the Board has accepted all proposals recommended by the TRP and not one of these proposals has been rejected because of a lack of funding.[1]

The Partnership Forum
The Partnership Forum is an integral part of the Global Fund's governance structure. It is an event for all Global Fund stakeholders, including relevant actors not currently involved in the work of the Global Fund. Participants include members of CCMs, Local Fund Agents (LFAs), Principal Recipients (PRs) and Sub-recipients (SRs), in addition to Board Members, the TRP and the Secretariat. It takes place every two years, and provides a platform to review the experiences of the Global Fund from the grassroots perspective. Partnership Forum recommendations give guidance to the decisions made by the Global Fund Board.

The Partnership Forum has met three times – in Bangkok, Thailand in 2004, in Durban, South Africa in 2006 and in Dakar, Senegal in 2008. FBO representatives have actively participated in all of the Partnership Forums.

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[1] At its November 2008 meeting, the Board provisionally approved 35 grants that, according to the Global Fund's comprehensive funding policy, could not be approved until additional funds became available.

<u>The Global Fund Structure in Recipient Countries</u>
The Global Fund model promotes local country ownership and involvement. As a result, the Global Fund does not have any offices in countries. Instead, it relies on the following three bodies to ensure that grants run efficiently and effectively:

Country Coordinating Mechanisms (CCMs)
A CCM is a committee made up of all public health stakeholders in a country, including donors, local government, the private sector, faith-based organizations and NGOs. CCMs identify their country's needs and apply to the Global Fund for financing. After initial proposals are developed and approved, the CCM is responsible for ongoing grant oversight, and drafting any future applications. Nearly 80% of CCMs have one or more faith-based representatives.

Principal Recipients (PRs)
The PR receives grant money from the Global Fund and distributes funding to other local organizations. The PR is legally accountable to the Global Fund for the use of the funds and for regular reporting on grant performance. While most PRs have historically been public or government entities, there has been an increasing number of private sector and civil society organizations, including FBOs serving in the PR role.

Local Fund Agents (LFAs)
The LFA is a critical part of the Global Fund's fiduciary arrangements. The LFA operates as the "eyes and ears" of the Global Fund in recipient countries, ensuring that Principal Recipients have the appropriate capacity to meet their responsibilities and verifying the accuracy of the reports submitted. The Secretariat has selected a variety of independent firms to serve as LFAs, including PricewaterhouseCoopers, Deloitte Touche Tohmatsu, Chemonics and KPMG.

Figure 2: The Life of a Global Fund Grant

1. The Secretariat issues a call for proposals, providing countries 4 months to develop and submit proposals.

2. CCMs meet at the country level to develop and submit proposals.

3. The Secretariat screens proposals for eligibility.

4. The TRP evaluates each proposal for technical merit.

5. The Board approves proposals based on TRP appraisal of the availability of funds.

6. In each recipient country, the LFA certifies the financial and administrative capacity of the PRs nominated in approved proposals.

7. The Secretariat and PR sign a grant agreement specifying the milestones that will be used to track performance.

8. The Secretariat instructs the trustee to distribute funds to the PR, who may transfer a portion of funds to SRs.

9. Program implementation begins, coordinated by the CCMs.

10. The PR submits disbursement requests to the Secretariat with updates on grant performance verified by the LFA. The PR also reports on progress and conducts annual financial audits.

11. After 18 months the GFATM conducts an extensive review, known as the Phase 2 Process, to assess grant performance and make a recommendation to the Board for or against extension.

Global Fund Policies of Interest to Faith-based Organizations

<u>The Global Fund encourages the full participation of all members of civil society.</u>
The Global Fund's principles and design underscore its commitment to the full participation of all members of civil society, including FBOs. In fact, the Global Fund recognizes that in many resource-poor countries, the bulk of health services are provided by faith-based institutions. Global Fund leadership has publicly expressed its desire to see more FBOs engaged with the Global Fund and its processes. There are many examples of FBOs participating in Global Fund proposals and grants around the globe; some examples are cited in Chapter 3 of this manual.

<u>The Global Fund bases its funding decisions on technical merit.</u>
The Global Fund finances technically-sound and locally-driven efforts to fight AIDS, tuberculosis and malaria, as determined by the TRP. Unlike some other donor agencies, the Global Fund does not have specific policies limiting or earmarking the use of funds for specific interventions related to any of the three diseases. Rather, Global Fund policies require that interventions abide by local laws and be specifically targeted towards fighting one or any combination of the three diseases in accordance with a country's national plan.

In practice, for example, the Global Fund will finance both bed net distribution and indoor residual spraying, including the use of DDT, to control malaria as long as these interventions are being used in a locally-appropriate and legal manner. For example, the use of DDT in Uganda was only recently approved by the Ministry of Health so may now be purchased with Global Fund financing.

<u>The Global Fund funds ABC activities.</u>
In regards to AIDS prevention, the Global Fund fully supports comprehensive approaches to reach all vulnerable populations. This means that the Global Fund supports the A-B-C model (Abstinence, Be faithful, use Condoms), but not all programs financed by the Global Fund must include all three components. In one country, it is possible that Global Fund financing could be used to finance an abstinence-only program aimed at youth as well as condom distribution for sex workers.

<u>Global Fund-financing can only fund intervention activities that directly treat, prevent or cure one of the three diseases.</u>
Global Fund financing cannot be used to promote or implement illegal activities that do not specifically contribute to the fight against the three diseases. For example, Global Fund financing cannot be used to fund abortions because they have not been scientifically proven to contribute to the prevention, treatment or cure of HIV/AIDS. The CCM and the national disease programs can provide guidance on such issues.

<u>The Global Fund does not finance proposals that focus on scientific research, academic scholarships and conferences; however, the Global Fund does finance operational research.</u>
The Global Fund is focused on expansion of coverage for health services related to the three diseases. Specifically the Global Fund seeks to finance interventions that work and can be scaled up to reach people affected by HIV/AIDS, tuberculosis and malaria.

This chapter has covered Global Fund history, founding principles, structure, principle entities and the grant cycle. Figure 3 summarizes some of the main differences between the Global Fund and more traditional development agencies.

Figure 3: The Global Fund Model

	Traditional Development Agency	The Global Fund
1. Country Presence	Country offices established in developing countries	Secretariat is housed in Geneva; Local Fund Agents serve as only presence in-country
2. Project Development	Proposals and projects are developed by the agency, in consultation with local government	Proposals are developed in-country by CCMs
3. Length of Projects	Varies	Initially approved for two years of funding; an additional three years is available if grant performs well
4. Focus of Projects	Varies	AIDS, tuberculosis, malaria and related health systems strengthening
5. Application Process	Varies	Countries apply for funding through new rounds, generally launched once a year in the spring
6. Participatory Model	Host and donor governments are dominant partners; civil society rarely involved in decisions	Public-private partnership includes civil society
7. Country Accountability	Varies	Performance-based funding

Chapter 2:
How Faith-based Organizations Can Engage with the Global Fund

There are several channels that FBOs and civil society as a whole, use to engage with the Global Fund at both the country and international levels. This chapter describes the four principal channels that FBOs should engage:
o   Global Fund Board delegations
o   CCMs
o   PRs
o   SRs

Global Fund Board Delegations
The Global Fund Board is a unique body made up of 24 members. These members represent various constituencies or delegations, equally split between donors and recipients. The Board includes representatives from donor governments, recipient governments, civil society in both developed and developing countries, and the private sector. All Board decisions require a two-thirds majority in both the donor and recipient blocks.

There are three Board delegations with whom FBOs are able to engage:
o   Developing Country NGO
o   Developed Country NGO
o   Affected Communities (NGOs representative of communities living with the disease)

Each delegation has different by-laws and processes for electing representatives. Each Board delegation has three important members who might be contacted, including:
o   The Board Member
o   The Alternate Board Member
o   The Communication Focal Point

The contact information for each delegation can be found under the Board section of the Global Fund website at: http://www.theglobalfund.org/en/board/delegations/?lang=en.

Country Coordinating Mechanisms (CCMs)
CCMs are central to the Global Fund's commitment to local ownership and participatory decision making. CCMs are country-level partnerships. CCMs typically include representatives from both public and private sectors in a country, including governments, multilateral and bilateral agencies, NGOs (including FBOs), academic institutions, private businesses, and people living with the diseases. Together, the organizations that comprise a CCM are responsible for developing and submitting grant proposals to the Global Fund. After grant approval, CCMs oversee grant implementation and progress. CCMs are also responsible for nominating one or more public or private organizations to serve as PRs for each Global Fund grant.

Dual-track Financing

As a part of the Global Fund's commitment to strengthening the role of civil society (including FBOs), the Global Fund Board, at its 15th meeting in April 2007, decided to establish a dual-track financing system whereby proposals would routinely include both government and non-government PRs. The goal is to increase the representation of civil society organizations across the entire Global Fund portfolio. To date, this model has worked successfully in places like Zambia, which has a number of civil society organizations serving as PRs. The Board recommended the submission of proposals that include both government and non-government PRs. If a proposal does not include both, a rationale must be provided. The possible benefits achieved through dual-track financing include increased absorptive capacity as a result of taking advantage of all sectors, accelerated implementation and therefore accelerated grant performance, and the strengthening of weaker sectors in the community.

The Global Fund recognizes the importance of national contexts, customs and traditions; it does not intend to prescribe specific CCM compositions. In accordance with its guiding principles, however, the Global Fund expects CCMs to be broadly representative of all national stakeholders in the fight against the three diseases. The CCM should therefore be as inclusive as possible, seeking representation of various sectors. CCMs typically include between 20 and 30 members. For most CCMs, the national government comprises a majority of the membership. Other sectors are also represented to varying degrees including:

o   Academic/educational sector;
o   NGOs/community-based organizations;
o   People living with HIV/AIDS, tuberculosis and/or malaria;
o   Private sector;
o   Religious/faith-based organizations; and
o   Multilateral and bilateral development partners in-country.

The Revised CCM Guidelines explicitly mention the importance of FBO representation by recommending that religious/faith-based organizations are represented within the non-government sector. Moreover, Annex 1 to the Revised CCM Guidelines cites FBOs as one type of civil society organization valuable to CCMs. This reference is as follows:

> *"vi. Religious and Faith-based Groups: In many settings religious and faith-based organizations play a vital role in reaching communities infected and affected by the three diseases. Not only do these organizations and groups provide crucial services but some are instrumental in convincing political leaders at the national, regional and local level prioritize the needs of affected populations. They are increasingly becoming involved in implementation of interventions and provide a valuable role in the development of effective proposals. [...]"*

As a part of the grant approval process, the Global Fund assesses the composition of each CCM submitting a proposal to ensure that the CCM is complying with the established composition guidelines. If for any reason the CCM does not meet the rejected.

Most CCMs have at least one faith-based representative. Ideally, this person is representative of the broader faith constituency in their country, not just a particular faith or organization. FBOs interested in engaging in the CCM process should look at their country's CCM membership (available online) and contact any FBO representatives, CCM Chairs, Vice-Chairs and other representatives. If FBOs are not directly represented, they can contact the civil society representative.

Many FBOs often ask whether it would be advantageous to seek a seat on the CCM. While it can be beneficial to serve on the CCM, offering the chance to help shape the Global Fund financing process in-country, this decision should be made carefully. Being a member of the CCM brings with it significant responsibility and time commitments. A seat on the CCM is not a precondition for receiving funding. If an FBO chooses not to sit on a CCM, establishing a good relationship the CCM's FBO or civil society representative is good way to ensure that its voice is reflected in the national proposal.

CCM contact information can be found on individual country pages on the Global Fund Web site *(see Appendix B)*.
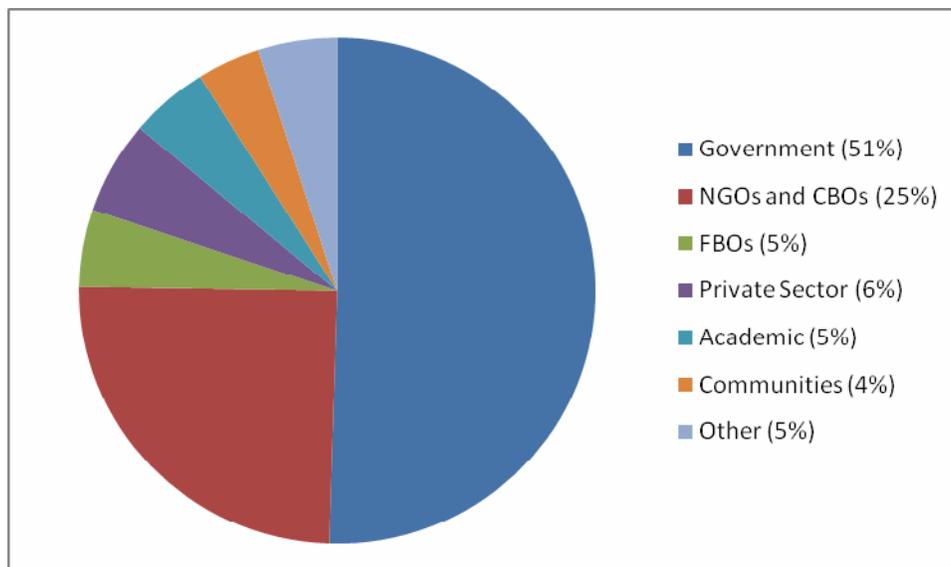
Examples of FBOs on CCMs
In Nigeria, FBO representatives, along with other civil society groups, often hold meetings throughout the year with their constituents in order to actively involve them in the CCM's decision making process. FBOs provide a voice for the aspirations of the poor and the marginalized in Nigerian society. The CCM in Nigeria praised the fact that the FBOs draw their legitimacy from "the people." This "people power" is used to mobilize, sensitize, and create awareness among constituents about the three diseases and ways FBOs can participate in the national response. In addition, in Tanzania, the CCM includes one seat for Christians and one for Muslims. Christian churches provide approximately 40% of the hospital care in Tanzania and are represented on the CCM by the Christian Social Services Commission (CSSC). This is an umbrella organization coordinating the health care work of all major churches in Tanzania. CSSC is also a key sub-recipient of the Global Fund grants in Tanzania.

Principal Recipients (PRs)

PRs are the organizations in each country that receive the bulk of Global Fund financing and distribute funds to local agencies called sub-recipients (SRs). Since the Global Fund's creation, 11 different FBOs have served as PRs of Global Fund grants, and the number is increasing with each new funding round. Figure 4 shows the distribution of the Global Fund portfolio by implementing entity for calendar year 2007.

Figure 4: Global Fund Financing by Implementing Entity

- Government (51%)
- NGOs and CBOs (25%)
- FBOs (5%)
- Private Sector (6%)
- Academic (5%)
- Communities (4%)
- Other (5%)

Host-country government entities (usually the Ministry of Finance or Health) serve as the PR for roughly two-thirds of all Global Fund grants. NGOs and CBOs are the second largest block, serving as the PR for 30% of all Global Fund grants, including about 5% for FBOs. (The 5% of funding going to FBOs refers to both international and local FBOs.) The remaining funds are distributed between UNDP, other multilateral institutions and the private sector.

These figures do not include disbursements to SRs. The Global Fund has updated its tracking systems to record the amount going to SRs, many of which are FBOs. This data is discussed in the next section.

International NGOs, such as World Vision and Lutheran World Relief, have served as PRs for several Global Fund grants in countries including Somalia, Madagascar, Armenia and Guatemala. Zambia has four PRs, one of which is the Churches Health Association of Zambia (CHAZ), a local FBO. For FBOs interested in becoming a successful PR, important organizational strengths include:

o **Fiduciary processes in place** – The PR must have the systems, processes and experience in managing and accounting for large amounts of foreign currency and local funds. Seasoned accountants, bookkeepers and financial managers are required in order to ensure transparent, legal and timely transactions.

o **Track record on technical issues** – The PR is required to supervise the technical quality of interventions being implemented by sub-recipients. Technical specialists from the PR are often called upon to mentor sub-recipients to ensure quality programming.

o **Management of sub-recipients** – Ideally, a PR should be able to manage relationships with sub-grantees, sometimes numbering as many as 25. The relationship can span a range of activities, including the joint submission of implementation plans, awareness campaigns, hosting Global Fund visitors and deciding what information to include in a website article.

o **Procurement and logistics** – Many grants include the purchase and storage of pharmaceuticals and other commodities. A specific unit within the PR team should be dedicated to ensuring laws are followed, storage requirements are observed and reporting on end-use is generated on time.

o **Monitoring, evaluation and reporting** – The PR is required to report on the above issues accurately and on time. Since the Global Fund has become the most significant donor to country programs on the three diseases, the collation, analysis, and dissemination of information is a major responsibility that is based on the information provided by PRs.

Sub-Recipients (SRs)

Being a SR is the entry point for the majority of FBOs receiving Global Fund financing. To date, approximately 480 FBOs have served as SRs of Global Fund grants. SRs are local organizations implementing projects and programs on the ground. FBOs are logical choices to serve as Global Fund SRs because of their broad networks, longstanding community presence, relationships and knowledge of the local context. FBOs are ideal channels to reach rural and remote areas. In addition, in many countries like Zambia, FBO SRs further sub-grant to other faith-based organizations as sub-sub-recipients.

To be successful as an SR, an FBO should have substantial experience in addressing at least one aspect of the disease being targeted. It is not necessary to have experience using the whole range of interventions related to one disease. For those FBOs that run hospitals and clinics, treatment and care could be their strength. Many FBOs feel that prevention is their strength, and therefore engage in education and outreach campaigns.

SRs have fewer responsibilities than PRs, but at a minimum, they must have staff in place to manage the grant and its implementation, a financial tracking and reporting system, and a plan to monitor and evaluate progress. If the grant is $1 million or less for five years, it is recommended that the burden of procurement and logistics be shared with the PR or other SRs.

SRs need to be in regular contact with the PR, the CCM and other SRs, and therefore should have reliable means of communication, including Internet, phone and fax capabilities. The costs of traveling to consult with the PR and to attend meetings are included in operating costs.

Many seasoned FBOs that have previously received external funding (e.g., from USAID, ICCO, DFID and/or their religiously-affiliated counterparts) may already have both the necessary systems in place and experience to become an SR. One major difference between the Global Fund and other funding channels is that the Global Fund is performance-based; this means that the continuation of funding is contingent upon satisfactory performance.

Examples of FBO Success Stories
Case Study 1: Save the Children (U.S.) Bangladesh – A Global Fund Sub-recipient
Bangladesh's population has experienced a low HIV prevalence for many years, but the disease has recently become amplified among high-risk groups such as IV drug users. There has also been an increase in risky behavior among young people; in one recent study, 40% of young people reported having extra-marital sex in the previous week, and 70% of those acts were unprotected. Because discussing sex and sexuality is culturally taboo, many people are not aware of sexually transmitted diseases or how to prevent infection.

Bangladesh has a large and diverse population of 156 million people, the vast majority of whom practice a religion. Bangladesh's religious sector is uniquely positioned to reach this population. There are three million religious institutions – including mosques, churches, temples and pagodas – preaching to Bangladeshis who attend weekly services. In an effort to capitalize on this opportunity to reach Bangladeshis with AIDS prevention messages, Save the Children reached out to these religious leaders.

In an unprecedented cultural shift, some of the most respected religious leaders now speak openly about responsible sexual behavior and how to protect against HIV/AIDS.

In addition, a committee comprising Muslims – who make up 90% of the population – Hindus, Buddhists and Christians worked together to develop an information campaign about responsible living. This Global Fund-financed program marks the first time that the four religions have ever cooperated on a joint initiative in Bangladesh.

The program has inspired a wider change in the country: families are more open to discussions about serious issues affecting young adults; information on sexual health has been written into the school curriculum; health services are more youth-friendly; and the national media provides information to make people more aware of the consequences of their actions. Save the Children U.S. (along with 17 other international NGOs) was selected as a sub-recipient by the Bangladeshi CCM for HIV/AIDS activities after a transparent national bidding process. After selection, these NGOs formed a consortium and nominated Save the Children U.S. as their representative on the CCM.

Case Study 2: Council of Churches in Namibia – A Global Fund Sub-recipient
After Mongolia, Namibia is the world's least densely populated country, with two million people scattered across a territory more than three times the size of the UK. The large distances from villages to the nearest hospital make it almost impossible for doctors to follow up with patients. In a country with an adult HIV/AIDS prevalence rate of 15%, the sparse settlement of Namibia has also limited the ability of people tested for HIV/AIDS to receive their results.

Voluntary counseling and testing (VCT) used to be a major challenge for Namibia. Testing services were available but clinics were often distant and lab results were slow. Recently, the introduction of rapid testing has made an enormous difference to the widespread population of Namibia; results are available on the spot. This is encouraging even more people to come forward for testing, as they no longer have to make several journeys to the clinic to find out their status.

A quarter of the country's 300 health centers now offer rapid testing, such as the "New Start" centers run by faith-based and community organizations with support from the Global Fund through the Ministry of Health. Members of the Council of Churches in Namibia (CCN) run several of the "New Start" center franchises. CCN and its "New Start" centers became a sub-recipient of Namibia's Round 2 HIV/AIDS grant after CCN approached the principal recipient to request funding for these centers. CCN is now a member of the CCM in Namibia.

Case Study 3: St. Peter's Tuberculosis Clinic in Ethiopia – A Global Fund Sub-recipient
In the hills of Entoto above Ethiopia's capital of Addis Ababa is a spring of holy water. In hopes of a miraculous cure, sick people travel – often long distances – to drink the holy waters, which are presided

over by Ethiopian Orthodox monks. Opposite this spring, the Ethiopian Ministry of Health has built St. Peter's Tuberculosis Clinic, a clinic to monitor the health of those traveling to the spring. Particularly cognizant of tuberculosis, the clinic's staff encourages people with bad coughs to undergo medical examination. Tuberculosis tests are financed by the Global Fund, as are the follow-up drugs prescribed if tuberculosis is confirmed.

The Patriarch of the Orthodox Church has lent his voice to the fight against tuberculosis. Through a public decree that holy water is not the only cure for disease, the Patriarch is encouraging the Church's followers to use modern medicine. The Orthodox monks who preside over the shrine in turn also encourage those with tuberculosis symptoms to take medicine in order to be cured. This coordination between church and health officials – with financing from the Global Fund for testing and treatment – is proving to be a successful partnership in ensuring the health of the population.

St. Peter's Tuberculosis Hospital is administered by the Ministry of Health and specializes in tuberculosis treatment programs as well as TB/HIV collaborative services. The hospital is supported not only by the Global Fund but also by funds from the Ethiopian Government, the World Bank and PEPFAR.

Case Study 4: Istiqama: A local Mosque – A Global Fund Partner in Zanzibar
Malaria kills almost one million people every year, most of them women and children. In Zanzibar, significant efforts have been taken to roll back malaria through the use of various malaria control interventions, including anti-malarial drugs and bed nets. To date, 333,000 bed nets treated with insecticide have been distributed to pregnant women and children. This has led to a significant decrease in the number of people falling sick, and an increase in family savings, among other benefits.

Zanzibar has been able to achieve this success with the help of Global Fund financing. Serving as the Principal Recipient, in 2004, the Ministry of Health and Social Welfare of Zanzibar received a malaria grant for $8.4 million to further Zanzibar's malaria control efforts through the expansion of artemisinin-based combination therapy (ACT) and insecticide treated nets (ITNs) coverage. They have partnered with local mosques such as Istiqama which helps them educate communities on the proper use of bed nets and malaria prevention. "We regard them as partners because they help us create awareness in mosques, which produces good results," says Dr. Abdullah Ali, a program manager with the Ministry of Health.

Specifically, Istiqama educates followers in mosques during Friday prayers. Religious leaders train the faithful by demonstrating how best to handle bed nets. They reach entire families by first talking to husbands who then pass the information onto their wives, who often are the ones who receive and use bed nets. Istiqama's efforts have greatly contributed to malaria control awareness within the community.

Istiqama became involved in malaria control and prevention when the Ministry of Health sent out a request inviting all local NGOs to develop proposals on what they wanted to do in relation to malaria control. The Ministry of Health then reviewed the proposals and selected the best ones based on technical merit. Despite it being a very competitive process, Istiqama's proposal stood out from the other proposals and impressed the Ministry of Health. They appeared to have the organizational capacity including internet access and program managers knowledgeable about Global Fund malaria control programs to give the Ministry of Health confidence that they would be an effective implementing partner in the fight against malaria.

Case Study 5: Norwegian Church Aid in Thailand – A Global Fund Sub-recipient
The Interfaith Network on HIV/AIDS in Thailand (INAT) consists of sixty Buddhist, Muslim, Catholic and Protestant places of worship offering them free food, medicine, counseling and other health services. This network uses trained religious leaders and volunteers as well as people living with AIDS from temples, churches and mosques across Thailand to organize home based care activities for people living with AIDS in remote areas.

In partnership with Norwegian Church Aid (NCA) sixty "caring, sharing and healing centers" for people living with AIDS have been developed including 30 centers at Buddhist temples, 14 centers run by Muslim mosques, 16 centers by Catholic and Protestant churches. In addition to home based care the interfaith network supports small income generating opportunities for people living with AIDS. Through the use of Global Fund financing people are trained in product development and marketing- mainly for their income generation.

This process did not occur over tonight. Initially, NCA struggled to secure Global Fund financing. The proposal process was challenging due to their lack of experience with proposal development and program management. To compete with other NGOs applying for funding they had to build their organizational capacity as well as increase their national visibility. After an unsuccessful Round 4 proposal NCA approached the CCM and the technical review team with their proposal. After responding to some critical feedback NCA's proposal was accepted for Phase II funding of a Round 1 HIV/AIDS grant focused on improving service delivery of essential medicines and services. They received $1.6 million from the Department of Disease Control of the Ministry of Public Health of Thailand the Principal Recipient of the grant. Presently, a member of the interfaith network sits on Thailand's CCM as the FBO representative.

Chapter 3:
Program Design and the Proposal Writing Process

As described in Chapter 2, a number of FBOs are implementing programs as PRs and SRs with financial support from the Global Fund. Since the Global Fund's creation, 11 different FBOs have served as PRs of Global Fund grants, and that number is increasing with each new funding round. Many FBOs, however, still lack the information necessary to participate in the proposal process. This chapter explains ways to access funding and participate in program implementation as PRs and SRs, specifically assisting FBOs in navigating the proposal process and identifying outlets for advice.

Getting Started
The TRP is responsible for evaluating the technical merit of each proposal submitted. It uses a structured and competitive review process meant to identify high-quality proposals. To succeed, FBOs as well as other civil society participants must have a solid understanding of the grant review process and be prepared to produce the required technical content.

Should Your Organization Apply?
The first decision is whether an FBO should prepare a proposal requesting Global Fund support. The following steps should be considered during the initial decision-making process.

1. Gather information, beginning at the Global Fund Web site (www.TheGlobalFund.org).
The proposal process begins with accurate information-gathering and analysis. The Global Fund website is an excellent starting point with detailed information on the goals and objectives of the organization, as well as its structure (see Appendix B). The Web site also provides specific information related to the following:

o **What does the Global Fund support and where?**
   A list of eligible lower-income and lower middle-income countries is provided.

o **What do successful proposals look like?**
   Summaries and grant amounts from all Rounds 1 to 6 are tabulated and available online, as are country grant information and data, including performance to date.

o **Where do I get information about the Global Fund in my country?**
   Each country with a Global Fund grant has a page that lists contact information for all members of the CCM.

2. Understand the national program and identify gaps that your organization can fill.
Many recipient countries have national plans and strategies to fight AIDS, tuberculosis and malaria. Obtain the most recent program plans from your country and the latest annual reports to identify possible opportunities. Key questions to ask include:
o *Are there any weak links in the plan?*
o *What geographic areas or groups does the plan target? Based on our strengths, do these gaps represent an opportunity for my FBO?*

3. Gather your own program data and analyze the implications of a decision to prepare a proposal for the CCM.
It is important to evaluate whether or not the population you are currently serving is part of the target group in the national plan for the three diseases. In addition, you should ascertain whether the services you are providing are identified by the national plan as critical to preventing, treating or curing the diseases. Should further information be required to help determine gaps in existing national programs, complement your analysis with information from USAID (Demographic and Health Surveys, Country Congressional Presentations and local mission reports), the World Bank (Poverty Reduction Strategy Papers), and reports from the UN organizations, including UNAIDS updates, UNDP's World Development Report, WHO's World Tuberculosis Report and Roll Back Malaria. Keep in mind that the most reliable and

compelling data is typically collected from your own work. Ongoing surveillance data using your own sources will serve as an important basis for determining whether your organization should prepare and submit a proposal.

4. If you do not have program data, consider a professional evaluation.
Many FBOs lack the staffing capacity to carry out formal monitoring and evaluation of their programs, and quantified data may not be readily available. If this is true of your organization, it is important to hire an external technical program expert to assess your programmatic strengths and weaknesses. While this may result in the postponement of a proposal, it will produce robust data that can support long-term operational improvements. Also consider programmatic innovations that could be scaled up with Global Fund support. A comprehensive evaluation will better equip your organization in program design and the proposal process.

5. Contact your CCM members.
Most CCMs have an FBO and/or a civil society representative. These individuals can be your conduit of information to and from the CCM. Discuss your plans with them and ask for advice. Occasionally, a CCM conducts an in-country proposal competition to select potential sub-recipients. The guidelines for any such competition should be studied carefully and followed.

o **Pre-submission vs. post-approval proposal competition**
Many countries call for proposals prior to the submission of a country coordinated proposal to the Global Fund. Promising proposals are bundled into one proposal and are submitted to the Global Fund by the CCM prior to the deadline of a particular round. Partners are pre-assigned, and the budget of each individual SR is combined with the PR in the funding request.

Alternatively, some country proposals are submitted without designating sub-recipients or specific funding allocations. In this case, the call for proposals is issued by the PR post-approval – after the signing of the grant agreement between the PR and the Global Fund.

Examples of Pre-submission and Post-approval Success Stories

CCM Pre-submission Example: Rwanda's Round 7 Proposal
Prior to the issuance of the Call for Proposals for Round 7, Rwanda's CCM issued its own Call for Proposals. Potential partners were invited to submit program ideas focused on any combination of the three diseases. The deadline was set for the end of February. A locally constituted TRP reviewed the 60+ submitted proposals (substantially more than what was submitted to the CCM in previous rounds). The winning proposals were then included in one comprehensive proposal and submitted to the Global Fund.

CCM Post-approval Example: Armenia's Round 2 Proposal
In 2003, Armenia's CCM submitted a proposal for a $7 million HIV/AIDS grant in Round 2. Initially, the United Nations Development Program (UNDP) was nominated as the PR, but after further evaluation World Vision Armenia was given the lead. Immediately after the signing of the grant agreement, World Vision Armenia conducted a competition for the available funds. Several NGOs submitted proposals, and the majority of these proposals were funded. After being approved for Phase 2, World Vision Armenia led a similar process.

There are pros and cons to either scenario, and it is essential that an FBO stay informed of all the decisions made by the CCM. If you participate in a pre-submission scenario, your organization can shape the country proposal, yet there is no guarantee the country-coordinated proposal will get approved. In a post-submission scenario, the PR is in charge of the proposal competition. While resources will be available for disbursement, anything proposed by an FBO must be within the approved proposal framework and funding limits.

Moving Forward

If your country is eligible for funding, and if you think your FBO has a good program with innovative interventions that could be scaled up, submitting a proposal is the next step. In preparation for submitting a proposal, the following documents should be reviewed:

o **Proposal Guidelines** – The Global Fund's Request for Proposals (RFP) is usually issued in March, with a final deadline for submission during the first week of July. You do not need to wait until the formal Call for Proposals to familiarize yourself with the proposal's requirements. Guidelines from the previous rounds are an excellent guide for content and organization.

o **The Monitoring and Evaluation Framework** – The Global Fund's monitoring and evaluation preferences coincide well with those of UNAIDS and WHO. Particular attention should be paid to multi-tiered indicators and to the Global Fund's "Service Delivery Area," or key activities aimed at preventing, treating or curing the three diseases.

Figures 5 and 6 summarize the Global Fund's preferred indicators for measuring performance:

Figure 5: Top Ten Service Indicators of People Reached

1. Number of people currently receiving antiretroviral therapy
2. Number of:
   o new smear-positive tuberculosis cases detected;
   o cases successfully treated; and
   o tuberculosis cases enrolled for multi-drug resistant treatment.
3. Number of insecticide-treated bed nets distributed to people (or, where appropriate, houses receiving indoor residual spraying)
4. Number of people receiving anti-malaria treatment according to national policy
5. Number of people counseled for HIV/AIDS, including provision of results
6. Number of HIV positive pregnant women receiving a complete course of ARV prophylaxis to reduce mother-to-child transmission
7. Number of condoms distributed to people
8. Number of people benefiting from community-based programs, specifically:
   o prevention messages and interventions;
   o orphans supported; and
   o care and support.
9. Number of people receiving treatment for infections associated with HIV, specifically:
   o preventive therapy for tuberculosis/HIV co-infection; and
   o treatment for sexually transmitted infections, along with counseling.
10. Service deliverers trained, including those trained in:
   o health services; and
   o peer and community programs.

Figure 6: Top Ten Outcome/Impact Indicators for Global Fund-funded Projects

1. Percentage aged 15-24 who are HIV infected (HIV prevalence)
2. Percentage still alive 12 months after initiation of ARV (reduced mortality)
3. Percentage of infants born to mothers who are HIV infected
4. Percentage of youth aged 15-24 who had sex with more than one partner in the last year
5. Primary abstinence (percentage of 15-19 year olds who have never had sex)
6. Secondary abstinence (percentage of 15-24 year olds who have not had sex in the last year)
7. Percentage of 15-24 year olds who used condoms with non-regular partners in the last year
8. Tuberculosis case detection rate (CDR) and tuberculosis treatment success rate (TSR)
9. Estimated active tuberculosis cases per 100,000 people (tuberculosis prevalence rate)
10. Malaria-associated deaths (in high endemic areas, all causes of under-5 mortality)
11. Incidence of clinical malaria cases (estimated and/or reported)

Key Issues to Remember

The Global Fund manages resources for the scaling up of innovative interventions that have proven to be effective in the fight against AIDS, tuberculosis and malaria. As a result, there are key issues to keep in mind when developing a proposal. These include:

Technical capacity for scaling up an intervention is essential for project or grant implementation
The TRP evaluates the technical merits of a proposal – more than any other aspect – to determine its eligibility for funding. The proposal reviewers also assess the availability of technical support. Technical issues often arise in grant implementation, and a source of technical guidance may have to be identified for the proposal. In general, technical consultants will be required for training activities and evaluations. A discussion of these consultants needs to be included in the proposal.

Financial analysis and systems are important in both proposal preparation and implementation
The TRP must be satisfied that the budget proposed is financially sound and appropriate. A significant part of the proposal guidelines requires a thorough analysis of current allocations, donor contributions and gaps in funding. Such analyses must show that the budget requested was based on anticipated need and reasonable costs.

Human resources are required for different aspects of implementation, from political and technical leadership to program and financial management to service delivery and monitoring and evaluation
For large grants, it is important to show that highly specialized personnel are in place or can be hired easily. Small FBOs are usually run by volunteers, and may not have a full complement of salaried professionals to run a large program. Organizations will have to decide whether the staff required by the grant will be hired or contracted.

Information systems track program performance as part of a project's monitoring and evaluation function
Strong information systems are invaluable to project managers, as they can highlight lagging performance and allow for corrective action. Additionally, these systems are intended to flag problems for resolution prior to problems developing into crisis situations. While this type of monitoring is done on a daily basis, reviews and evaluations are normally done after long intervals, e.g., a year or two, to identify trends, resolve problems and document successful activity throughout the life of the project.

Expanding field coverage through partnerships
Programmatic scale-up is a key objective of the Global Fund; of interest; small projects are often bundled together to show significant coverage of a country. SometimesFBOs come together as a consortium to demonstrate that they can collectively provide interventions and services in a good proportion of the sites in a country. Expansion into new areas in a country may be a challenge to a single FBO; in such cases, the creation of an FBO consortium proposing a common strategy and set of interventions is a suggested alternative.

<u>Cross-sector collaborative relationships not only expand coverage but also provide a way to tap into expertise and resources that complement an FBO's strengths</u>
The Ministry of Health is the key partner for health programs. Additionally, grassroots organizations, academia, the private sector and other civil society organizations are all potential partners for program implementation. It is helpful to work with a variety of groups in order obtain technical expertise and tap into a large knowledge base.

<u>Costs and sustainability are important to consider because the project should be able to continue after funding from the Global Fund ends</u>
This is particularly true for some lower middle income countries, whose contributions to the costs of the programs proposed are required by the TRP as evidence of national commitment to ending the three targeted diseases.

There may be other issues applicable to your particular country context. These should be considered during your proposal preparation.

Final Decision
Your final decision on whether or not to apply should be based on your organization's financial and management capacity. How far and how fast should you expand your coverage? Do you have the systems to manage the resources well? The answers to these questions should guide the mix of interventions, the scope and the budget of the proposal. As a general rule, because of the strong focus on scale up, Global Fund support should not be used to start activities. There are also restrictions in the guidelines as to what can and cannot be supported.

It is important to recognize that the project management structure that covers a few villages is different from that of a national or regional program. Larger projects require increased skilled human capital and communications, complex logistics and transparency. Evaluate these issues and plan accordingly prior to the development of a proposal. From the Global Fund's prior experience, the greatest weakness of large grants is that they are not as nimble and efficient as the smaller ones.

Figure 7: Common Strengths and Challenges of Civil Society Proposals: What you need to know before you apply

Strengths:

In terms of content, a good proposal can be considered to have the following characteristics:
- o Concise, clear, crisp
- o Compelling analysis, with a logical flow from needs statement to budget
- o Interventions derived from state-of-the-art technical knowledge
- o Innovative, forward-looking
- o Competent, experienced and organized staff providing good leadership
- o Coherent and logical monitoring and evaluation plan.
- o Efficient: provides the biggest bang for the buck!

However, a good proposal should be matched by a good format. In the case of the Global Fund proposal, the proposal format is standard, and the outline is provided.

Additional characteristics related to format should include the following:
- o All questions are answered completely;
- o Requested attachments are provided;
- o Grammar, spelling and punctuation marks are checked and proofread; and
- o Prescribed lengths of all sections are respected

Challenges:

From the Global Fund's experience, the most important weaknesses of failed proposals are:
- o The lack of attention given to comments of the TRP from a previous submission
- o Poor performance on a previous grant
- o Weak linkages with other donor-funded programs (e.g., PEPFAR or the President's Malaria Initiative)
- o Not following specific instructions (e.g., not submitting through a CCM or not providing detailed justification for not submitting through a CCM)

Proposals with one or more of the above characteristics are deemed non-responsive and are routinely rejected, or may not even be recommended for review by the TRP.

Other weaknesses are common to most failed grant proposals:
- o Insufficient analysis or justification of need
- o Technical content not state-of-the-art
- o Bloated budget
- o Inadequate financial system to maintain transparency
- o Low absorptive capacity of the FBO or the health system for external funding
- o Poor technical and management capacity of staff to manage and supervise implementation
- o Monitoring and evaluation plan presented poorly

Key Recommendations for Improving Proposal Outcomes

Historically, less than half of proposals submitted to the Global Fund are approved for funding in a given round. For applicants whose proposals are rejected but who subsequently improve their proposals based on TRP comments, there is a higher chance of approval in subsequent rounds. Proposals represent a major investment for many countries and FBOs, and effort should be made to maximize a proposal's chances of approval. Important points for proposal writers and teams are summarized below.

o **Begin early** – Work on a proposal should start prior to the publication of the Call for Proposals. The political process in-country can take time, so proceed prior to the release of the guidelines. The Global Fund's call for proposals and closing date typically spans about four months. During the two weeks before the deadline, focus on refining the document, NOT writing it.

o **Master the basics and seek help –** It is important to ensure that the grant is developed in response to the request. The best way to guarantee success is to review the pertinent information on the Global Fund's website, including the guidelines for the call for proposals, the National Plan(s) for the particular disease(s) of focus, and the deadline for completing the proposal.

In the event that the Guidelines for any particular round are unclear, it may be necessary to seek more information from the CCM regarding decisions on proposal preparation. It is also beneficial to seek assistance from other FBOs that have been through a proposal cycle before. Helpful websites and contacts are listed at the end of this document (see Appendix G).

o **Improve the fit between your proposed project and the Global Fund's priorities –** Understanding the mission of the Global Fund and following the proposal guidelines are critical to success. This is particularly true if a prior submission has been assigned as a Category 3 and you are planning to re-submit. All comments from the TRP should be carefully responded to in detail. An analysis of the weaknesses of unsuccessful proposals revealed that ignoring the TRP's comments was a common theme, and this disregard proved detrimental to success.

o **Maximize the use and analysis of your data** – The Global Fund's emphasis on targets, benchmarks and outputs indicates data are very important to proposal preparation. If baseline information is available, the process will be much easier; in many cases, only national figures exist, and often this is just averages. If baseline figures are not available for the area your project will cover, include an educated estimate and a specific section in your proposal's monitoring and evaluation section on how you will arrive at more accurate baseline data. Data are not only important in measuring success; they are equally important in pitching your proposed budget against your proposed achievements. This analysis provides a strong basis for projecting costs.

o **Be creative and innovative; make your program design technically superior –** The Global Fund pays particular attention to effective innovations that can be scaled up for greater coverage of those in need. In your proposal, highlight these innovations and include details in relevant sections. For maximum impact, if your organization has such an innovation, include an easily identifiable name or acronym.

o **Share the burden of putting the proposal together** – Utilizing a committee with several experts who pool their resources and knowledge is always better than a single person writing the proposal. For example, some proposal writers hire a finance expert to help prepare the budget and budget narrative. Advantages include shortened proposal preparation time, ability to more easily catch mistakes, and capacity to raise important issues that are not readily apparent to one person.

o **If necessary, use consultants and technical assistance, however most of the major inputs should come from your own staff, records, partners and members of the target community –** Consultants are helpful in shaping the proposal and in ensuring the ideas are presented in

accordance with the Global Fund's guidelines; however, the owners of the proposal – in this case, FBOs working in-country – should remain lead the proposal development process. If the proposal is approved, the burden of implementation will be on the grantee, not on the consultants. Therefore, it is important that the grantees intimately understand the intent and thrust of the proposal being submitted.

o **Test your ideas; solicit reviews from as many people as possible** – Solicit outside experts for input and review of your proposal. The best proposals undergo several revisions before they are submitted. The time taken to review, edit, proofread and re-write can make all the difference.

o **Maximize the use of audio-visuals and strong data** – Use maps, tables, illustrations, lists, graphs and diagrams in presenting your proposal. Color is preferred. When quoting passages using previously published data, or including tables, photos and charts, make sure that the sources are clearly identified. Be sure to use accurate, authoritative data to strengthen the proposal. Avoid data that are dubious in origin or methodology.

o **Allocate proposal pages and discussion according to the scoring criteria** – Once a draft is complete, it should be reviewed for page allocation. The Guidelines explicitly define the number of paragraphs and pages each section should include. All sections should be checked for completeness, as well as emphasis allocated to the different sections.

o **Remember the C's** – Immediately prior to submission, it is important to review the proposal for the following characteristics:
   o Complete – all pages and sections are complete and all questions are answered
   o Current – content represents up-to-date knowledge on the subject matter
   o Compelling – the need is well-stated in convincing terms
   o Coherent – the approaches/interventions directly resolve the problem or need
   o Competent proponent – the staff proposed can deliver what is promised
   o Creative – innovative solutions are proposed
   o Cost-efficient – solutions provide the biggest bang for the buck
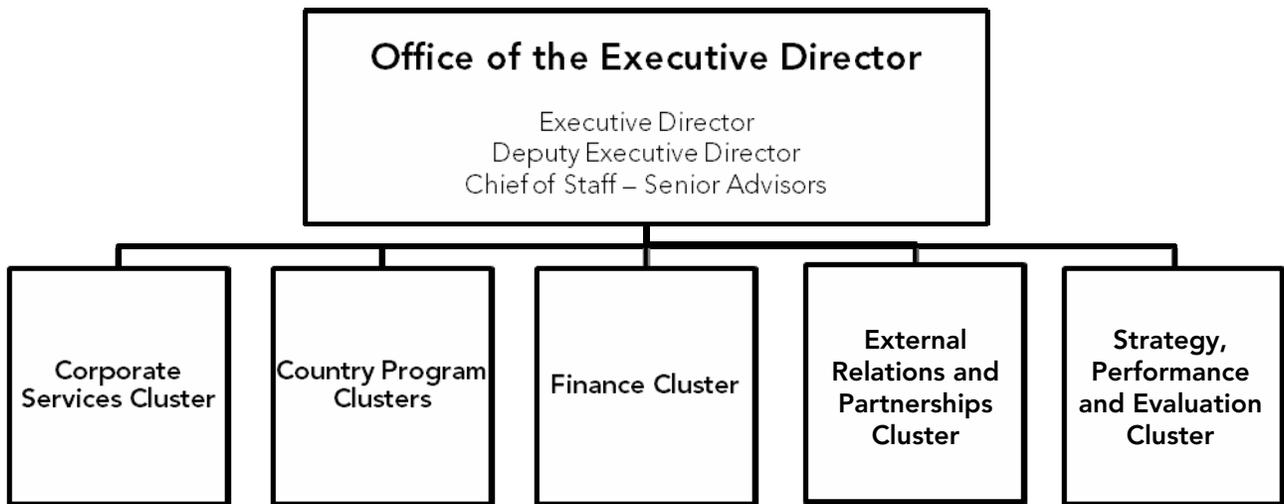
Many proposals do not get approved on the first submission. In the scoring mechanism of the TRP, every proposal reviewed is assigned one of five categories:
o *Category 1* – Approved with no or minor clarifications required.
o *Category 2* – Provisionally approved, subject to the satisfactory clarification of issues noted by the TRP.
o *Category 2B* – Similar to Category 2, but with more substantial clarifications needed, especially on technical issues and feasibility.
o *Category 3* – Not approved, but has promise. Proposal could be re-worked for re-submission in a subsequent round.
o *Category 4* – Rejected outright. No need to re-submit.

If your country proposal is assigned to Category 3 when first submitted, the TRP's comments must be duly addressed in detail if a subsequent re-submission is planned.
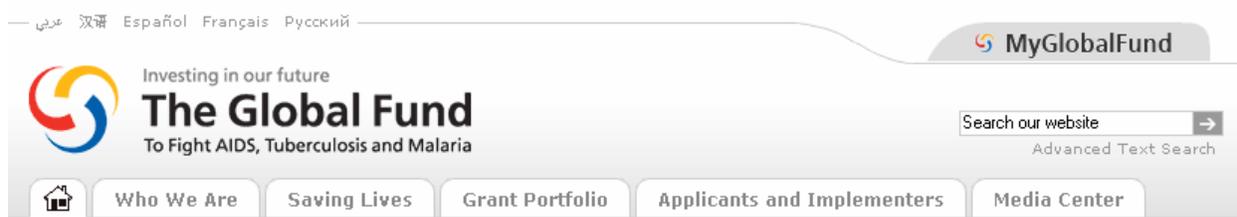
Appendices

Appendix A:
Global Fund Secretariat Structure

Office of the Executive Director

Executive Director
Deputy Executive Director
Chief of Staff – Senior Advisors

Corporate Services Cluster	Country Program Clusters	Finance Cluster	External Relations and Partnerships Cluster	Strategy, Performance and Evaluation Cluster

Appendix B:
Guide to the Global Fund Web site

www.TheGlobalFund.org

"Who We Are"
In this section of the website you will find information about how the Global Fund works, key structures and performance reports. The section of particular interest under this header is:

- o About the Global Fund
    - How The Global Fund Works
    - Aid Effectiveness
    - International Financing Institution
- o Core Structures
    - Secretariat
    - Board
    - Technical Review Panel
    - Country Coordinating Mechanisms
    - Local Fund Agents
    - Principal and Sub Recipients
    - Technical Evaluation Reference Group
    - Partnership Forum
    - Office of the Inspector General

"Saving lives"
This section contains Global Fund success stories from those who implement the grants.

"Grant Portfolio"
In this section you can search grants, view funding decisions, see the distribution of Global Fund funding and view grant score cards to see how grants have performed. Under the "Search Grants" section, the Global Fund keeps up-to-date, customizable, spread sheets. Reports can be tailored using a series of queries including County, Region, Round, components, Principle Recipient type (i.e. FBO, NGO or government), recent disbursement number as well as others. A full image of this search is depicted on the next page.

| PROGRAM SEARCH | FIND DOCUMENTS | CREATE REPORTS | FIND PEOPLE |

LANGUAGE
English

CURRENCY (info)
US Dollar

COUNTRY
Afghanistan
Albania
Algeria
Angola

REGION
East Asia & the Pacific
Eastern Europe & Central /
Latin America & the Caribb
North Africa & the Middle E

ROUND
1
2
3
4

COMPONENT
HIV/AIDS
HIV/AIDS*
HIV/TB
HSS

PRINCIPAL RECIPIENT TYPE (info)
CS/PS: FBO
CS/PS: NGO
CS/PS: Oth
CS/PS: PS

STATUS (info)
(B1)
(B2)
(G1)
(G2)

MOST RECENT DISBURSEMENT NUMBER
1
2
3
4

MOST RECENT DISBURSEMENT RATING (info)
A
A1
A2
B1

MOST RECENT DISBURSEMENT DATE
between
and

GRANT SIGNATURE DATE
between
and

PROGRAM START DATE
between
and

CREATE REPORT   CLEAR SELECTION

"Applicants and Implementers"
This will provide you with information for the application process as well as what to do once a grant has been approved. Sections of interest include:

- o   Applying for Grants
  - • Country Eligibility Criteria – this includes information on:
    - ▪ Country income level requirement
    - ▪ Focus on key affected populations
    - ▪ Cost Sharing requirement
  - • Round Based Channel
  - • Phase 2
  - • Rolling Continuation Channel
  - • Technical Review Pannell

- o Procurement and Supply Management
  - Guide to Writing Procurement and Supply Management Plans
  - Quality Assurance Information
  - Price and Quality Reporting
  - Voluntary Pooled Procurement and Capacity Building
  - Information to Suppliers
- o Monitoring and Evaluation
- o Regional Meetings
- o Policies and Guidelines

"News Room"
In this section you will find recent reports, press releases, publications and events.

Appendix C:
Guide to the Global Fund Discussion Forum

www.MyGlobalFund.org

As an implementer, you might find the Global Fund's discussion forum, *MyGlobalFund*, useful. *MyGlobalFund* is a global community of health professionals and people involved in the fight against the world's three worst pandemics, HIV/AIDS, tuberculosis and malaria. Here you can connect with others by using this communication tool to save more lives through the sharing of best practices and lessons learned in 140 countries through Global Fund-supported initiatives.

"MyPage"
- o Manage your personal information and preferences in one centralized location, the "MyPage" section.
- o Create and edit blog articles.
- o Update your profile.
- o Quickly access your favorite forums and blogs.
- o
- o Keep track of friends and colleagues who have joined the MyGlobalFund community.

"Blogs"
- o Be the Webmaster with your own MyGlobalFund blog, a quick and easy-to-use website for Global Fund in-country partners (CCMs, Principal Recipients, Sub-Recipients, Technical partners).
- o Communicate on your progress and challenges, publish photos, share simple and inspiring stories on how your work is changing people's lives.
- o Comment on other colleagues' blogs and rate their articles.

"Forums"
- o Participate in time-bound thematic discussions (e.g. CCM-related issues, eForum 2008).
- o Start your own public discussions on specific issues, ask tough questions & support other members by sharing your own expertise and experiences.
- o Hold one-on-one discussions in private forums with other MyGlobalFund members.

"Members"
- o Find other people with similar interests and expand your global network of colleagues and friends through a searchable Membership section (under development – this function will allow you to search by region, expertise, language spoken, Global Fund affiliation, etc.).
- o Communicate through various channels with other members, either publicly (forums and blogs) or privately (email, private discussion forums and – soon to come – chat and instant messaging).

Appendix D:
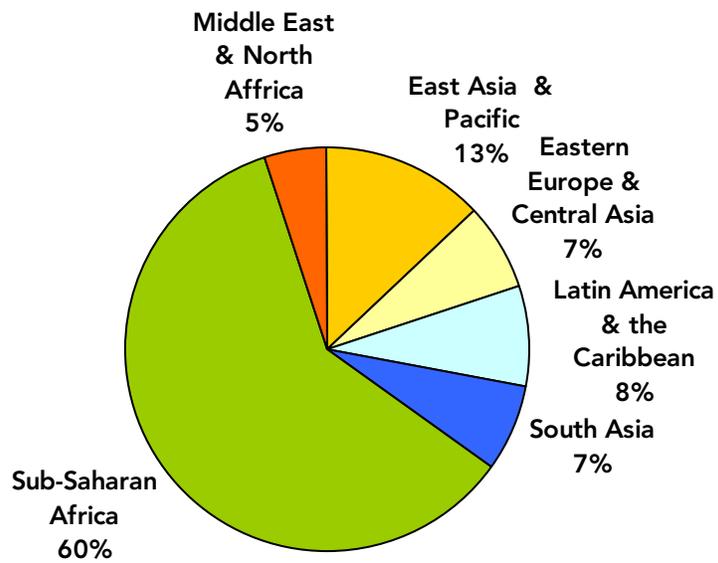# Global Fund Coverage after 8 Grant Rounds

Legend:
- 1
- 2 (new)
- 3 (new)
- 4 (new)
- 5 (new)
- 6 (new)
- 7 (new)
- 8 (new)

Kilometers
0   2,500   5,000
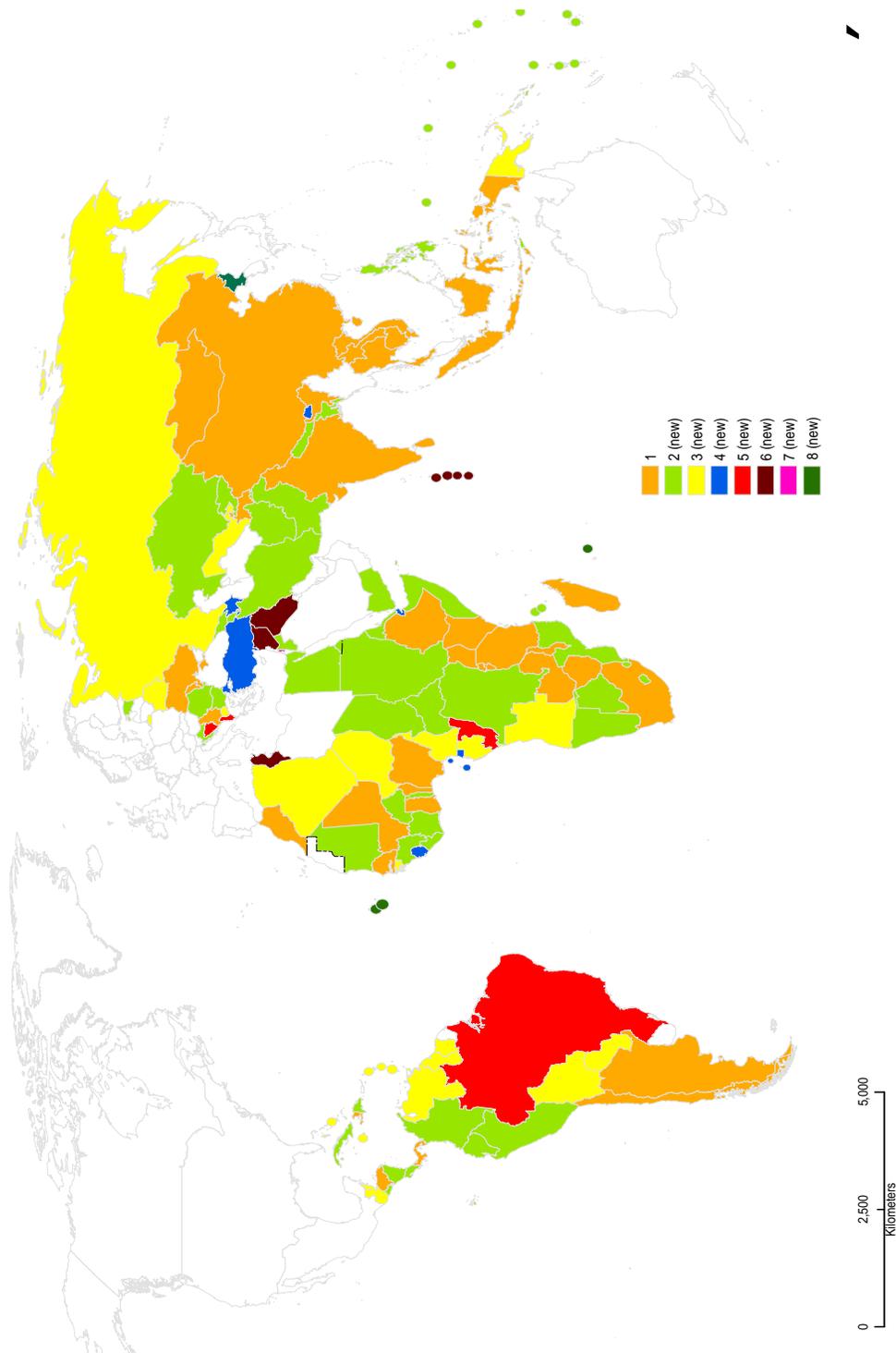
Appendix E:
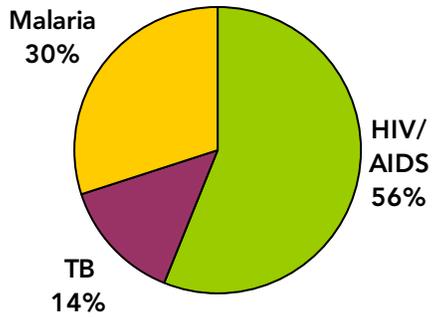## Distribution of Global Fund Funding after 8 Rounds

Global Fund Grant Resources by Income Level
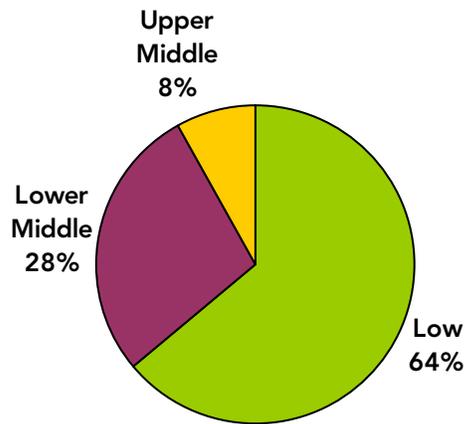
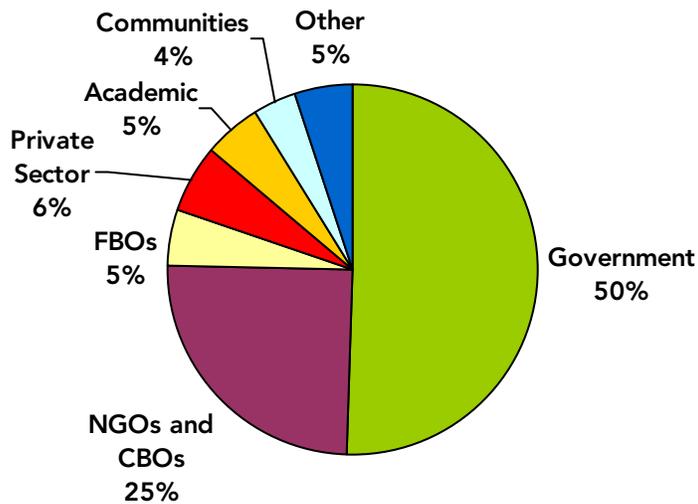**Global Fund Grant Resources by Region**

Global Fund Resources by Disease Component

Malaria
30%
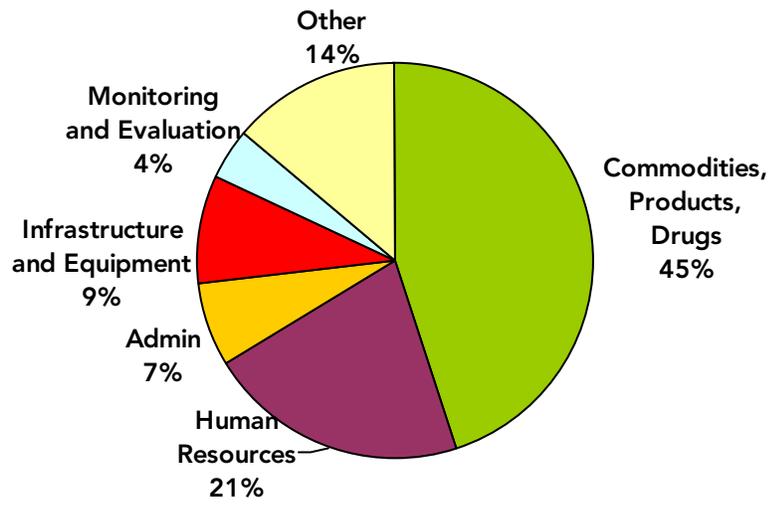
HIV/
AIDS
56%

TB
14%

Global Fund Resources by Principal Recipient

Multilateral
9%

CSO/
Private
sector
15%

Not signed
21%

Gov't
55%
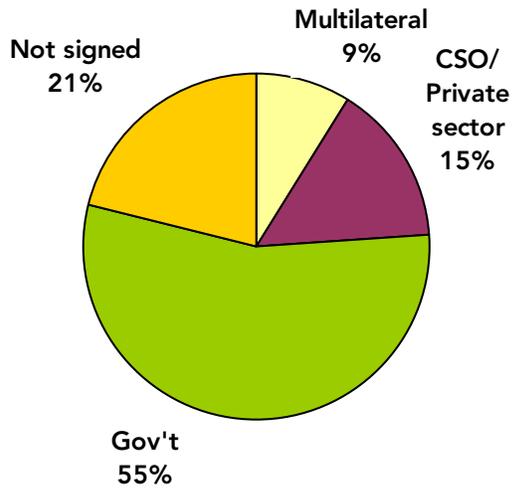
Global Fund Grants by Implementer

Communities
4%

Other
5%

Academic
5%

Private
Sector
6%

FBOs
5%

Government
50%

NGOs and
CBOs
25%

Global Fund Resources by Expenditure Component

Appendix F:
Frequently Asked Questions

What is a Faith-based Organization (FBO)?
A faith-based organization (FBO) meets at least one of the following criteria:
- o   religious or religion-based organization or network
- o   a community belonging to places of worship
- o   specialized religious institution or religious social service agency
- o   registered and unregistered non-profit institution that has a religious character or mission

Where do I get an application?
Applications can be found online http://www.theglobalfund.org/en/applying/. For the great majority of FBO proposals, the CCM is the one responsible for bundling them up for submission to the Global Fund. FBOs must dialogue with their CCMs or their PRs as to what format they can use for submission in their country.

When do I apply?
The call for new proposals for each new round is typically issued in early March. The deadline for country submissions to the Global Fund is in early July. FBO proposals to the PR or CCM may follow different timelines to enable the CCM to meet the July deadline in Geneva.

Who do I submit my proposal to?
For FBOs, a proposal should be submitted directly to the PR or CCM in country through a pre- or post-grant approval competition in country.

Who is on the CCM?
CCMs typically include representatives from both the public and private sectors in a country, including governments, multilateral and bilateral agencies, non-governmental organizations (including FBOs), academic institutions, private businesses and people living with the diseases. CCM membership ranges from 20 to 30 members. For most CCMs, the national government makes up the bulk of membership, with other sectors represented to a lesser extent. A majority of CCMs have at least one faith-based representative. This person should be seen as a representative of the broader faith constituent.

How do I get in contact with my CCM FBO representative?
A list of CCM contacts is listed on the Global Fund website. CCM Chairs, Vice-Chairs and other representatives have their contact information listed by country or grant. Alternatively, FBOs interested in engaging in the CCM process may ask their Ministry of Health, National AIDS Control Program who represent FBOs or civil society on their CCM. If FBOs are not directly represented, the most important contact is the civil society representative on the CCM.

How long does it take to find out if my country proposal was approved?
The Global Fund Board meets in November each year to approve the TRP's recommendations as to which proposals will be funded. The list is normally published on the Global Fund website and by Aidspan shortly after that. After every round, the TRP submits a report summarizing the geographic locations, the disease components and the budgets of the approved proposals.

Appendix G:
Technical Assistance

When writing a proposal there are sources that can help in compiling the most efficient and technically sound proposal. Below are some technical assistance resources to help you write an effective proposal.

Aidspan (www.aidspan.org)
Aidspan publishes applicant guides for the Global Fund's funding rounds. Published documents include information about what to take into consideration before applying, analysis of the strengths and weaknesses of proposals, as well as guidance on how CCMs can manage the proposal development process.

Of particular help are Aidspan's guides to specific Round applications. Included in these are lessons learned from earlier rounds, guidance on the proposal process and a step-by-step guide to filling out a proposal form for both individual and multi-country applications. These guides also have tips for grant implementation and oversight. Aidspan also offers guidance documents and other information to help ensure the effective execution of approved proposals.

The World Health Organization (www.WHO.int)
The World Health Organization (WHO) provides technical assistance to applicant countries for Global Fund grants. They offer assistance through papers such as "Guidance Paper of Global Fund to fight AIDS, Tuberculosis and Malaria-Related Activities within WHO" (http://www.who.int/globalfund/en/). This paper provides an extensive contact list as well as a detailed look at how the WHO can be of assistance to CCMs and Principal Recipients.

In addition, WHO and UNAIDS have partnered to create a resource kit which provides assistance for those who are planning and writing a Round 9 Global Fund HIV/AIDS proposal (http://www.who.int/hiv/pub/toolkits/GF-Resourcekit/en/index.html).

The President's Emergency Plan for AIDS Relief (www.PEPFAR.gov)
The Presidents Emergency Plan for AIDS Relief (PEPFAR) provides some technical assistance through a three-year contract which will provide technical support to Global Fund grantees and CCMs. This includes guidance in organizational development, financial management, procurement and supply management and monitoring and evaluation.

The application, which must be submitted by the CCM or PR, can be found at http://www.pepfar.gov/coop/c18962.htm. The Web site also provides a fact sheet that includes guidance on how CCMs can manage the proposal development processes and additional information on technical assistance provided to Global Fund implementers by PEPFAR.

The Global Fund (www.TheGlobalFund.org)
The Global Fund itself also offers informational resources about where an applicant can find guidance. At http://www.theglobalfund.org/en/rounds/9/other/ a list of resources, both from the Global Fund as well as outside sources can be found.